

New Jersey Department of Health & Senior Services



LABORATORY AVIAN SUBMISSION FORM West Nile Virus Surveillance 2001



I. SUBMITTING AGENCY:

Contact Person: _____ Telephone: _____

Date of Pickup: _____

Specific Address: _____
(If address unknown, use cross street)

Municipality: _____
(Use actual municipality, not mailing address)

County: _____

NOTE: Keep birds refrigerated. DO NOT FREEZE

Do not submit specimen unless it can be delivered to the lab within
4-5 days of its pickup.

Place bird into a one-gallon, clear, plastic bag with "Easy Close
Slider/Zipper." Place completed lab submission form into a separate clear,
plastic zip lock bag. Firmly secure the two (2) bags with staples.

A "DEAD/ILL BIRD REPORT" form must ALSO be faxed to DHSS and your
respective mosquito agencies.

**If specimen is not submitted in the proper bags
with completed paperwork, testing will NOT be
performed**

VIROLOGY LABORATORY ADDRESS:

New Jersey State Department of Health & Senior Services
Virology Laboratory
Specimen Receiving & Distribution Unit
Health & Agriculture Building, #401
Warren & Market Streets
Trenton, NJ 08625-0361

FOR LABORATORY USE ONLY

Type Of Bird: (Circle one): American Crow Fish Crow Other

Accession Number: _____ Acceptable _____ Unacceptable _____

Beak Size: _____ Results: _____

Comments: _____